



Yes we can

Application for Admission

Strictly Private & Confidential

Please complete all sections of this form in **BLOCK CAPITALS**. If you need help completing the form our school office staff will be happy to assist you.

CHILD'S FORENAME(S): _____

CHILD'S SURNAME: _____

DATE OF BIRTH: _____ BOY GIRL

CHILD'S COUNTRY OF BIRTH: _____

ADDRESS: _____

_____ POST CODE: _____

LOCAL EDUCATION AUTHORITY OF RESIDENCE

LAMBETH WANDSWORTH SOUTHWARK OTHER (please state) _____

PARENT CARER – 1

NAME OF PARENT(S)/CARER(S)/GUARDIAN(S): _____

Proof will be required, please supply the school with birth certificate or passport and National Insurance No.

ADDRESS IF DIFFERENT FROM ABOVE: _____

POST CODE: _____ HOME TEL NO: _____ MOBILE NO: _____

WORK TEL NO: _____ EMAIL ADDRESS: _____

RELATIONSHIP TO THE CHILD: _____

Eg: mother, father, carer or guardian

NI Number: ____ - ____ - ____ - ____ - ____ Date of Birth: _____

Legal Surname: _____

PARENT CARER – 2

NAME OF PARENT(S)/CARER(S)/GUARDIAN(S): _____

Proof will be required, please supply the school with birth certificate or passport and National Insurance No.

ADDRESS IF DIFFERENT FROM ABOVE: _____

POST CODE: _____ HOME TEL NO: _____ MOBILE NO: _____

WORK TEL NO: _____ EMAIL ADDRESS: _____

RELATIONSHIP TO THE CHILD: _____

Eg: mother, father, carer or guardian

NI Number: ____ - ____ - ____ - ____ - ____ Date of Birth: _____

Legal Surname: _____

PREVIOUS SCHOOL: _____

ADDRESS: _____

TEL NO: _____ REASON FOR LEAVING: _____

MY CHILD'S BROTHER/SISTER ALREADY ATTENDS THIS SCHOOL : YES NO

IF YES, NAME _____ CLASS _____

APPLYING FOR:

NURSERY FULL-TIME: NURSERY AM: NURSERY PM: RECEPTION:

OTHER (PLEASE STATE YEAR): _____

PLEASE NOTE: parents have no automatic right to a full-time nursery place. The school will determine which children are eligible and who to offer places to, based on information gathered from parents, home visits or other sources. Parents have no right of appeal if they are not allocated a full time nursery place.

EMERGENCY CONTACT DETAILS

CONTACT NAME: _____ CONTACT NAME: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

ADDRESS: _____ ADDRESS: _____

_____ PTO

TEL NO: _____ TEL NO: _____ PTO

CHILD'S ETHNIC ORIGIN:

- | | | | |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> BANGLADESHI | <input type="checkbox"/> BLACK – AFRICAN | <input type="checkbox"/> BLACK – CARIBBEAN | <input type="checkbox"/> BLACK - OTHER |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> GYPSY/ROMA | <input type="checkbox"/> INDIAN | <input type="checkbox"/> PAKISTANI |
| <input type="checkbox"/> PORTUGESE | <input type="checkbox"/> TURKISH | <input type="checkbox"/> WHITE | <input type="checkbox"/> WHITE - IRISH |

OTHER (please state) _____

FIRST LANGUAGE: _____

HOME LANGUAGE: _____

SCHOOL MEAL STATUS

FREE MEALS HOME PACKED LUNCH SCHOOL MEALS

If you wish to apply for Free School Meals, please provide your National Insurance Number, Date of Birth and Legal Surname for eligibility purposes:

Free school meals – You qualify for free school meals for your children if you receive Income Support, Jobseekers Allowance or Tax Credit. Forms to claim entitlement can be obtained from the school office.

IS YOUR CHILD A VEGETARIAN: YES NO

MEETING YOUR CHILD'S EDUCATIONAL NEEDS *Please complete - if not applicable please state below*
DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL REQUIREMENTS THAT THE SCHOOL SHOULD BE MADE AWARE OF TO ENSURE THAT WE CAN MEET YOUR CHILD'S NEEDS? IF YES, PLEASE GIVE DETAILS BELOW

DOES YOUR CHILD HAVE AN EDUCATION HEALTH CARE PLAN? IF YES, PLEASE GIVE DETAILS AND ATTACH A COPY:

DOES YOUR CHILD HAVE A STATEMENT? IF YES PLEASE GIVE DETAILS AND ATTACH A COPY:_____

YOUR CHILD'S RELIGION:

BUDDHIST CHRISTIAN HINDU JEWISH MUSLIM
 SIKH NONE OTHER (please state) _____

IF YOUR CHILD HAS COME FROM ANOTHER COUNTRY

HOW LONG HAS THE CHILD BEEN IN THE UK? _____ DATE OF ARRIVAL: _____

FAMILY STRUCTURE :

TWO ADULTS IN RESIDENTIAL CARE
 SINGLE PARENT LIVING WITH FOSTER PARENTS

MEDICAL INFORMATION

DOCTORS NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

_____ POST CODE: _____

IS THERE ANY CONDITIONS THAT THE SCHOOL SHOULD BE AWARE OF?

MEDICAL CONDITIONS: _____ ALLERGIES: _____

HEARING: _____ VISION/EYESIGHT: _____

SPEECH DIFFICULTIES: _____

DOES YOUR CHILD HAVE ANY SPECIAL DIETARY NEEDS: _____

ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD

CONSENT & SCHOOL OUTINGS

I AM WILLING FOR MY CHILD TO GO ON **LOCAL** EDUCATIONAL VISITS/TRIPS WITH MEMBERS OF STAFF AND I UNDERSTAND THAT THIS MAY BE DONE WITHOUT A FURTHER LETTER BEING SENT HOME. (YOU WILL BE ADVISED OF ANY TRIPS THAT ARE GOING TO TAKE PLACE IN ADVANCE)

YES NO

ON OCCASION YOUR CHILD MAY BE FILMED OR PHOTOGRAPHED TO APPEAR IN THE SCHOOL NEWSLETTER OR SCHOOL WEBSITE. PLEASE CONTACT THE SCHOOL IN WRITING IF YOU DO NOT GIVE CONSENT FOR THIS.

MY CHILD HAS PERMISSION TO GO HOME ALONE (**YEAR 4 AND ABOVE ONLY**) YES NO

PLEASE NAME ANYONE WHO IS LIKELY TO COLLECT YOUR CHILD TO AND FROM SCHOOL:
(PLEASE NOTE, WE WILL NOT ALLOW YOUR CHILD TO BE COLLECTED BY ANY PERSON NOT LISTED)

NAME: _____ TELEPHONE NO: _____

NAME: _____ TELEPHONE NO: _____

NAME: _____ TELEPHONE NO: _____

NAME: _____ TELEPHONE NO: _____

NAME: _____ TELEPHONE NO: _____

- I DECLARE THAT THE INFORMATION I HAVE GIVEN ABOVE IS CORRECT AND COMPLETE. I UNDERSTAND THAT SHOULD ANY OF THE INFORMATION BE SHOWN TO BE FALSE, THIS WILL LEAD TO THE WITHDRAWAL OF A PLACE, EVEN IF THE CHILD HAS STARTED AT THIS SCHOOL. I ALSO UNDERSTAND THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS FORM IS COVERED BY THE DATA PROTECTION ACT 1998. (PLEASE READ THE PARAGRAPH BELOW BEFORE SIGNING THIS FORM)
- (**APPLICABLE TO PARENTS OF NURSERY CHILDREN ONLY**) I DECLARE THAT I WILL BE USING ALL MY 15 HOURS FREE CHILDCARE ALLOCATION AT HENRY FAWCETT PRIMARY SCHOOL / CHILDREN'S CENTRE ONLY. I UNDERSTAND THAT I RISK LOSING MY CHILD'S NURSERY PLACE IF THIS DECLARATION IS SUBSEQUENTLY FOUND TO BE UNTRUE.

SIGNED: _____ DATE: _____
(Parent/carer/guardian)

DATA PROTECTION ACT 1998

This act regulates how we obtain and use information about individuals. The information you supply is being collected for the purpose of providing an education service but may be used for wider purposes. When you sign this document you are consenting to that use. The information may be shared with other internal directorates of London Borough of Lambeth, those with parental responsibility, education establishments, other LA's and the Department of Education & Skills.

For Office use only		UPN no: _____	
Admission Date: _____/_____/_____	Class: _____	Records requested: Yes/No	
Birth Certificate/Passport seen: Yes/No	Proof of address: Yes/No	Records received: Yes/No	
Reason for not offering a place: _____			
Signed (Headteacher/Assistant Headteacher or Admin Manager) _____			